

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TL MM	902 780	03/03/01
RESPONSE FORMALITY REVIEW			05-11-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		51		101	
Original	3/21/02	52		102	
1	✓	53		103	
2	✓	54		104	
3	✓	55		105	
4	✓	56		106	
5	NN	57		107	
6	✓	58		108	
7	N	59		109	
8	✓	60		110	
9	✓	61		111	
10		62		112	
11		63		113	
12		64		114	
13		65		115	
14		66		116	
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35		87		137	
36		88		138	
37		89		139	
38		90		140	
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41		93		143	
42		94		144	
43		95		145	
44		96		146	
45		97		147	
46		98		148	
47		99		149	
48		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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